

APPROVAL FORM
MASCONOMET REGIONAL SCHOOL DISTRICT
COURSE APPROVAL FORM

NAME _____ DATE _____

I am not in a degree program but request approval of a graduate course to be applied to my application for advancement to the next level of the salary schedule. It is my understanding that I must file the appropriate application for a salary schedule adjustment on or before December 15 of the year preceding the beginning of the school year in which the progression is to occur.

Name of Course _____

College/University _____

Number of Credits _____

Date Course Starts _____

Brief Description _____

Signature of Teacher

For office use only: Approved by Course Approval Committee

Date Grade Report Received: _____ Grade: _____

pc: Principal
 Department Head